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# TRANSMITTAL FORM

*(to be used for all correspondence after initial filing)*

Application Number | 09/656,084

Filing Date | September 6, 2000

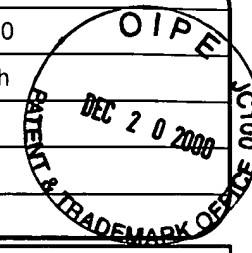
First Named Inventor | Barry N. Kreiswirth

Group Art Unit | 1643

Examiner Name |  

Total Number of Pages in This Submission | 11

Attorney Docket Number | 19124.0002

**ENCLOSURES (check all that apply)**

|   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><br><input type="checkbox"/> Fee Attached<br><br><input type="checkbox"/> Amendment / Response<br><br><input type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><br><input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input checked="" type="checkbox"/> Statement Claiming Small Entity Status<br><br><input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input checked="" type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to Group ( <i>Appelé Notice, Brief, Reply Brief</i> )<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i><br><br><b>Copy of Notice To File Missing Parts Of Nonprovisional Application, executed Combined Declaration and POA</b> |
| Remarks   |  |   |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|                         |   |
|-------------------------|---|
| Firm or Individual name | Edward J. Naidich, Registration No. 43,826<br>Swidler Berlin Shereff Friedman, LLP  |
| Signature               |  |
| Date                    | December 20, 2000   |

**CERTIFICATE OF MAILING**

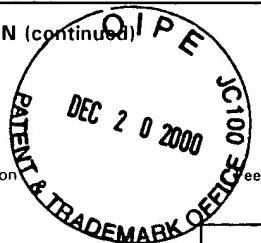
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## FEE TRANSMITTAL

|                         |            |                        |                     |
|-------------------------|------------|------------------------|---------------------|
|                         |            | Complete If Known      |                     |
|                         |            | Application Number     | 09/656,084          |
|                         |            | Filing Date            | September 06, 2000  |
|                         |            | First Named Inventor   | Barry N. Kreiswirth |
|                         |            | Group Art Unit         | 1643                |
|                         |            | Examiner Name          |                     |
| TOTAL AMOUNT OF PAYMENT | (\$ 65.00) | Attorney Docket Number | 19124.0002          |

| METHOD OF PAYMENT (check one)   |                            |                            |  |          |  | FEE CALCULATION (continued)   |                            |                 |     |    |     |                            |                 |                            |                 |                                      |     |     |     |                                     |     |     |     |  |  |    |     |  |                         |                           |  |     |       |     |  |  |     |     |     |  |  |     |       |     |   |  |     |     |     |   |  |     |     |     |  |  |     |     |     |   |  |     |       |     |  |  |     |       |     |   |  |     |     |     |                  |  |     |     |     |  |  |     |     |     |                          |  |     |     |     |  |  |     |       |     |  |  |     |       |     |                                |  |     |     |     |                  |  |     |     |     |                 |  |     |     |     |                               |  |     |    |     |   |  |     |     |     |  |  |     |    |     |  |  |     |     |     |   |  |     |     |     |  |  |                           |  |  |  |  |  |                 |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
|---|----------------------------|----------------------------|--|----------|--|---|----------------------------|-----------------|-----|----|-----|----------------------------|-----------------|----------------------------|-----------------|--------------------------------------|-----|-----|-----|-------------------------------------|-----|-----|-----|--|--|----|-----|--|-------------------------|---------------------------|--|-----|-------|-----|--|--|-----|-----|-----|--|--|-----|-------|-----|---|--|-----|-----|-----|---|--|-----|-----|-----|--|--|-----|-----|-----|---|--|-----|-------|-----|--|--|-----|-------|-----|---|--|-----|-----|-----|------------------|--|-----|-----|-----|--|--|-----|-----|-----|--------------------------|--|-----|-----|-----|--|--|-----|-------|-----|--|--|-----|-------|-----|--------------------------------|--|-----|-----|-----|------------------|--|-----|-----|-----|-----------------|--|-----|-----|-----|-------------------------------|--|-----|----|-----|---|--|-----|-----|-----|--|--|-----|----|-----|--|--|-----|-----|-----|---|--|-----|-----|-----|--|--|---------------------------|--|--|--|--|--|-----------------|--|--|--|--|--|----------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fee and credit any over payments to:<br/> <input checked="" type="checkbox"/> Deposit Account<br/>           Number 19-5127 referencing 19124.0002<br/>           Deposit Account Name Swidler Berlin Shereff Friedmann, LLP</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17      <input type="checkbox"/> Charge the Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.311(b)</p>   |                            |                            |  |          |  | <b>ADDITIONAL FEES</b> <div style="text-align: right; margin-bottom: 10px;">  <br/>DEC 20 2000<br/>U.S. PATENT &amp; TRADEMARK OFFICE<br/>JC100         </div> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Entity Fee (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>Surcharge - late filing fee or oath</td> <td>65</td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>139</td> <td>130</td> <td>239</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>For filing a request for reexamination</td> <td></td> </tr> <tr> <td>112</td> <td>920</td> <td>112</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>113</td> <td>1,790</td> <td>113</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>Extension for response within first month</td> <td></td> </tr> <tr> <td>116</td> <td>400</td> <td>216</td> <td>Extension for response within second month</td> <td></td> </tr> <tr> <td>117</td> <td>950</td> <td>217</td> <td>Extension for response within third month</td> <td></td> </tr> <tr> <td>118</td> <td>1,510</td> <td>218</td> <td>Extension for response within the fourth month</td> <td></td> </tr> <tr> <td>128</td> <td>2,060</td> <td>228</td> <td>Extension for response within the fifth month</td> <td></td> </tr> <tr> <td>129</td> <td>310</td> <td>219</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>120</td> <td>310</td> <td>220</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>121</td> <td>270</td> <td>221</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>Petition to revive unavoidably abandoned application</td> <td></td> </tr> <tr> <td>141</td> <td>1,320</td> <td>241</td> <td>Petition to revive unintentionally abandoned application</td> <td></td> </tr> <tr> <td>142</td> <td>1,320</td> <td>242</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>143</td> <td>450</td> <td>243</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>144</td> <td>670</td> <td>244</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>122</td> <td>130</td> <td>122</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>123</td> <td>50</td> <td>123</td> <td>Petitions related to provisional applications</td> <td></td> </tr> <tr> <td>126</td> <td>240</td> <td>126</td> <td>Submission of Information Disclosure Statement</td> <td></td> </tr> <tr> <td>581</td> <td>40</td> <td>581</td> <td>Recording each patent assignment per property (times number of properties)</td> <td></td> </tr> <tr> <td>146</td> <td>790</td> <td>246</td> <td>Filing a submission after final rejection (37 CFR 1.129(a))</td> <td></td> </tr> <tr> <td>149</td> <td>790</td> <td>249</td> <td>For each additional invention to be examined (37 CFR 1.129(b))</td> <td></td> </tr> <tr> <td colspan="6">Other fee (specify) _____</td> <td colspan="6">SUBTOTAL (3) 65</td> </tr> <tr> <td colspan="6">Reduced by Basic Filing Fee Paid</td> <td colspan="6"></td> </tr> </tbody> </table> |                            |                 |     |    |     | Large Entity Fee Code (\$) | Entity Fee (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid                             | 105 | 130 | 205 | Surcharge - late filing fee or oath | 65  | 127 | 50  | 227  | Surcharge - late provisional filing fee or cover sheet |    | 139 | 130  | 239                     | Non-English specification |  | 147 | 2,520 | 147 | For filing a request for reexamination |  | 112 | 920 | 112 | Requesting publication of SIR prior to Examiner action |  | 113 | 1,790 | 113 | Requesting publication of SIR after Examiner action |  | 115 | 110 | 215 | Extension for response within first month |  | 116 | 400 | 216 | Extension for response within second month |  | 117 | 950 | 217 | Extension for response within third month |  | 118 | 1,510 | 218 | Extension for response within the fourth month |  | 128 | 2,060 | 228 | Extension for response within the fifth month |  | 129 | 310 | 219 | Notice of Appeal |  | 120 | 310 | 220 | Filing a brief in support of an appeal |  | 121 | 270 | 221 | Request for oral hearing |  | 140 | 110 | 240 | Petition to revive unavoidably abandoned application |  | 141 | 1,320 | 241 | Petition to revive unintentionally abandoned application |  | 142 | 1,320 | 242 | Utility issue fee (or reissue) |  | 143 | 450 | 243 | Design issue fee |  | 144 | 670 | 244 | Plant issue fee |  | 122 | 130 | 122 | Petitions to the Commissioner |  | 123 | 50 | 123 | Petitions related to provisional applications |  | 126 | 240 | 126 | Submission of Information Disclosure Statement |  | 581 | 40 | 581 | Recording each patent assignment per property (times number of properties) |  | 146 | 790 | 246 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 149 | 790 | 249 | For each additional invention to be examined (37 CFR 1.129(b)) |  | Other fee (specify) _____ |  |  |  |  |  | SUBTOTAL (3) 65 |  |  |  |  |  | Reduced by Basic Filing Fee Paid |  |  |  |  |  |  |  |  |  |  |  |
| Large Entity Fee Code (\$)  | Entity Fee (\$)            | Small Entity Fee Code (\$) | Fee Description  | Fee Paid |  |   |                            |                 |     |    |     |                            |                 |                            |                 |                                      |     |     |     |                                     |     |     |     |  |  |    |     |  |                         |                           |  |     |       |     |  |  |     |     |     |  |  |     |       |     |   |  |     |     |     |   |  |     |     |     |  |  |     |     |     |   |  |     |       |     |  |  |     |       |     |   |  |     |     |     |                  |  |     |     |     |  |  |     |     |     |                          |  |     |     |     |  |  |     |       |     |  |  |     |       |     |                                |  |     |     |     |                  |  |     |     |     |                 |  |     |     |     |                               |  |     |    |     |   |  |     |     |     |  |  |     |    |     |  |  |     |     |     |   |  |     |     |     |  |  |                           |  |  |  |  |  |                 |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| 105   | 130                        | 205                        | Surcharge - late filing fee or oath  | 65       |  |   |                            |                 |     |    |     |                            |                 |                            |                 |                                      |     |     |     |                                     |     |     |     |  |  |    |     |  |                         |                           |  |     |       |     |  |  |     |     |     |  |  |     |       |     |   |  |     |     |     |   |  |     |     |     |  |  |     |     |     |   |  |     |       |     |  |  |     |       |     |   |  |     |     |     |                  |  |     |     |     |  |  |     |     |     |                          |  |     |     |     |  |  |     |       |     |  |  |     |       |     |                                |  |     |     |     |                  |  |     |     |     |                 |  |     |     |     |                               |  |     |    |     |   |  |     |     |     |  |  |     |    |     |  |  |     |     |     |   |  |     |     |     |  |  |                           |  |  |  |  |  |                 |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| 127   | 50                         | 227                        | Surcharge - late provisional filing fee or cover sheet                     |          |  |   |                            |                 |     |    |     |                            |                 |                            |                 |                                      |     |     |     |                                     |     |     |     |  |  |    |     |  |                         |                           |  |     |       |     |  |  |     |     |     |  |  |     |       |     |   |  |     |     |     |   |  |     |     |     |  |  |     |     |     |   |  |     |       |     |  |  |     |       |     |   |  |     |     |     |                  |  |     |     |     |  |  |     |     |     |                          |  |     |     |     |  |  |     |       |     |  |  |     |       |     |                                |  |     |     |     |                  |  |     |     |     |                 |  |     |     |     |                               |  |     |    |     |   |  |     |     |     |  |  |     |    |     |  |  |     |     |     |   |  |     |     |     |  |  |                           |  |  |  |  |  |                 |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| 139   | 130                        | 239                        | Non-English specification  |          |  |   |                            |                 |     |    |     |                            |                 |                            |                 |                                      |     |     |     |                                     |     |     |     |  |  |    |     |  |                         |                           |  |     |       |     |  |  |     |     |     |  |  |     |       |     |   |  |     |     |     |   |  |     |     |     |  |  |     |     |     |   |  |     |       |     |  |  |     |       |     |   |  |     |     |     |                  |  |     |     |     |  |  |     |     |     |                          |  |     |     |     |  |  |     |       |     |  |  |     |       |     |                                |  |     |     |     |                  |  |     |     |     |                 |  |     |     |     |                               |  |     |    |     |   |  |     |     |     |  |  |     |    |     |  |  |     |     |     |   |  |     |     |     |  |  |                           |  |  |  |  |  |                 |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| 147   | 2,520                      | 147                        | For filing a request for reexamination                                     |          |  |   |                            |                 |     |    |     |                            |                 |                            |                 |                                      |     |     |     |                                     |     |     |     |  |  |    |     |  |                         |                           |  |     |       |     |  |  |     |     |     |  |  |     |       |     |   |  |     |     |     |   |  |     |     |     |  |  |     |     |     |   |  |     |       |     |  |  |     |       |     |   |  |     |     |     |                  |  |     |     |     |  |  |     |     |     |                          |  |     |     |     |  |  |     |       |     |  |  |     |       |     |                                |  |     |     |     |                  |  |     |     |     |                 |  |     |     |     |                               |  |     |    |     |   |  |     |     |     |  |  |     |    |     |  |  |     |     |     |   |  |     |     |     |  |  |                           |  |  |  |  |  |                 |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| 112   | 920                        | 112                        | Requesting publication of SIR prior to Examiner action                     |          |  |   |                            |                 |     |    |     |                            |                 |                            |                 |                                      |     |     |     |                                     |     |     |     |  |  |    |     |  |                         |                           |  |     |       |     |  |  |     |     |     |  |  |     |       |     |   |  |     |     |     |   |  |     |     |     |  |  |     |     |     |   |  |     |       |     |  |  |     |       |     |   |  |     |     |     |                  |  |     |     |     |  |  |     |     |     |                          |  |     |     |     |  |  |     |       |     |  |  |     |       |     |                                |  |     |     |     |                  |  |     |     |     |                 |  |     |     |     |                               |  |     |    |     |   |  |     |     |     |  |  |     |    |     |  |  |     |     |     |   |  |     |     |     |  |  |                           |  |  |  |  |  |                 |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| 113   | 1,790                      | 113                        | Requesting publication of SIR after Examiner action                        |          |  |   |                            |                 |     |    |     |                            |                 |                            |                 |                                      |     |     |     |                                     |     |     |     |  |  |    |     |  |                         |                           |  |     |       |     |  |  |     |     |     |  |  |     |       |     |   |  |     |     |     |   |  |     |     |     |  |  |     |     |     |   |  |     |       |     |  |  |     |       |     |   |  |     |     |     |                  |  |     |     |     |  |  |     |     |     |                          |  |     |     |     |  |  |     |       |     |  |  |     |       |     |                                |  |     |     |     |                  |  |     |     |     |                 |  |     |     |     |                               |  |     |    |     |   |  |     |     |     |  |  |     |    |     |  |  |     |     |     |   |  |     |     |     |  |  |                           |  |  |  |  |  |                 |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| 115   | 110                        | 215                        | Extension for response within first month                                  |          |  |   |                            |                 |     |    |     |                            |                 |                            |                 |                                      |     |     |     |                                     |     |     |     |  |  |    |     |  |                         |                           |  |     |       |     |  |  |     |     |     |  |  |     |       |     |   |  |     |     |     |   |  |     |     |     |  |  |     |     |     |   |  |     |       |     |  |  |     |       |     |   |  |     |     |     |                  |  |     |     |     |  |  |     |     |     |                          |  |     |     |     |  |  |     |       |     |  |  |     |       |     |                                |  |     |     |     |                  |  |     |     |     |                 |  |     |     |     |                               |  |     |    |     |   |  |     |     |     |  |  |     |    |     |  |  |     |     |     |   |  |     |     |     |  |  |                           |  |  |  |  |  |                 |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| 116   | 400                        | 216                        | Extension for response within second month                                 |          |  |   |                            |                 |     |    |     |                            |                 |                            |                 |                                      |     |     |     |                                     |     |     |     |  |  |    |     |  |                         |                           |  |     |       |     |  |  |     |     |     |  |  |     |       |     |   |  |     |     |     |   |  |     |     |     |  |  |     |     |     |   |  |     |       |     |  |  |     |       |     |   |  |     |     |     |                  |  |     |     |     |  |  |     |     |     |                          |  |     |     |     |  |  |     |       |     |  |  |     |       |     |                                |  |     |     |     |                  |  |     |     |     |                 |  |     |     |     |                               |  |     |    |     |   |  |     |     |     |  |  |     |    |     |  |  |     |     |     |   |  |     |     |     |  |  |                           |  |  |  |  |  |                 |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| 117   | 950                        | 217                        | Extension for response within third month                                  |          |  |   |                            |                 |     |    |     |                            |                 |                            |                 |                                      |     |     |     |                                     |     |     |     |  |  |    |     |  |                         |                           |  |     |       |     |  |  |     |     |     |  |  |     |       |     |   |  |     |     |     |   |  |     |     |     |  |  |     |     |     |   |  |     |       |     |  |  |     |       |     |   |  |     |     |     |                  |  |     |     |     |  |  |     |     |     |                          |  |     |     |     |  |  |     |       |     |  |  |     |       |     |                                |  |     |     |     |                  |  |     |     |     |                 |  |     |     |     |                               |  |     |    |     |   |  |     |     |     |  |  |     |    |     |  |  |     |     |     |   |  |     |     |     |  |  |                           |  |  |  |  |  |                 |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| 118   | 1,510                      | 218                        | Extension for response within the fourth month                             |          |  |   |                            |                 |     |    |     |                            |                 |                            |                 |                                      |     |     |     |                                     |     |     |     |  |  |    |     |  |                         |                           |  |     |       |     |  |  |     |     |     |  |  |     |       |     |   |  |     |     |     |   |  |     |     |     |  |  |     |     |     |   |  |     |       |     |  |  |     |       |     |   |  |     |     |     |                  |  |     |     |     |  |  |     |     |     |                          |  |     |     |     |  |  |     |       |     |  |  |     |       |     |                                |  |     |     |     |                  |  |     |     |     |                 |  |     |     |     |                               |  |     |    |     |   |  |     |     |     |  |  |     |    |     |  |  |     |     |     |   |  |     |     |     |  |  |                           |  |  |  |  |  |                 |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| 128   | 2,060                      | 228                        | Extension for response within the fifth month                              |          |  |   |                            |                 |     |    |     |                            |                 |                            |                 |                                      |     |     |     |                                     |     |     |     |  |  |    |     |  |                         |                           |  |     |       |     |  |  |     |     |     |  |  |     |       |     |   |  |     |     |     |   |  |     |     |     |  |  |     |     |     |   |  |     |       |     |  |  |     |       |     |   |  |     |     |     |                  |  |     |     |     |  |  |     |     |     |                          |  |     |     |     |  |  |     |       |     |  |  |     |       |     |                                |  |     |     |     |                  |  |     |     |     |                 |  |     |     |     |                               |  |     |    |     |   |  |     |     |     |  |  |     |    |     |  |  |     |     |     |   |  |     |     |     |  |  |                           |  |  |  |  |  |                 |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| 129   | 310                        | 219                        | Notice of Appeal   |          |  |   |                            |                 |     |    |     |                            |                 |                            |                 |                                      |     |     |     |                                     |     |     |     |  |  |    |     |  |                         |                           |  |     |       |     |  |  |     |     |     |  |  |     |       |     |   |  |     |     |     |   |  |     |     |     |  |  |     |     |     |   |  |     |       |     |  |  |     |       |     |   |  |     |     |     |                  |  |     |     |     |  |  |     |     |     |                          |  |     |     |     |  |  |     |       |     |  |  |     |       |     |                                |  |     |     |     |                  |  |     |     |     |                 |  |     |     |     |                               |  |     |    |     |   |  |     |     |     |  |  |     |    |     |  |  |     |     |     |   |  |     |     |     |  |  |                           |  |  |  |  |  |                 |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| 120   | 310                        | 220                        | Filing a brief in support of an appeal                                     |          |  |   |                            |                 |     |    |     |                            |                 |                            |                 |                                      |     |     |     |                                     |     |     |     |  |  |    |     |  |                         |                           |  |     |       |     |  |  |     |     |     |  |  |     |       |     |   |  |     |     |     |   |  |     |     |     |  |  |     |     |     |   |  |     |       |     |  |  |     |       |     |   |  |     |     |     |                  |  |     |     |     |  |  |     |     |     |                          |  |     |     |     |  |  |     |       |     |  |  |     |       |     |                                |  |     |     |     |                  |  |     |     |     |                 |  |     |     |     |                               |  |     |    |     |   |  |     |     |     |  |  |     |    |     |  |  |     |     |     |   |  |     |     |     |  |  |                           |  |  |  |  |  |                 |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| 121   | 270                        | 221                        | Request for oral hearing   |          |  |   |                            |                 |     |    |     |                            |                 |                            |                 |                                      |     |     |     |                                     |     |     |     |  |  |    |     |  |                         |                           |  |     |       |     |  |  |     |     |     |  |  |     |       |     |   |  |     |     |     |   |  |     |     |     |  |  |     |     |     |   |  |     |       |     |  |  |     |       |     |   |  |     |     |     |                  |  |     |     |     |  |  |     |     |     |                          |  |     |     |     |  |  |     |       |     |  |  |     |       |     |                                |  |     |     |     |                  |  |     |     |     |                 |  |     |     |     |                               |  |     |    |     |   |  |     |     |     |  |  |     |    |     |  |  |     |     |     |   |  |     |     |     |  |  |                           |  |  |  |  |  |                 |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| 140   | 110                        | 240                        | Petition to revive unavoidably abandoned application                       |          |  |   |                            |                 |     |    |     |                            |                 |                            |                 |                                      |     |     |     |                                     |     |     |     |  |  |    |     |  |                         |                           |  |     |       |     |  |  |     |     |     |  |  |     |       |     |   |  |     |     |     |   |  |     |     |     |  |  |     |     |     |   |  |     |       |     |  |  |     |       |     |   |  |     |     |     |                  |  |     |     |     |  |  |     |     |     |                          |  |     |     |     |  |  |     |       |     |  |  |     |       |     |                                |  |     |     |     |                  |  |     |     |     |                 |  |     |     |     |                               |  |     |    |     |   |  |     |     |     |  |  |     |    |     |  |  |     |     |     |   |  |     |     |     |  |  |                           |  |  |  |  |  |                 |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| 141   | 1,320                      | 241                        | Petition to revive unintentionally abandoned application                   |          |  |   |                            |                 |     |    |     |                            |                 |                            |                 |                                      |     |     |     |                                     |     |     |     |  |  |    |     |  |                         |                           |  |     |       |     |  |  |     |     |     |  |  |     |       |     |   |  |     |     |     |   |  |     |     |     |  |  |     |     |     |   |  |     |       |     |  |  |     |       |     |   |  |     |     |     |                  |  |     |     |     |  |  |     |     |     |                          |  |     |     |     |  |  |     |       |     |  |  |     |       |     |                                |  |     |     |     |                  |  |     |     |     |                 |  |     |     |     |                               |  |     |    |     |   |  |     |     |     |  |  |     |    |     |  |  |     |     |     |   |  |     |     |     |  |  |                           |  |  |  |  |  |                 |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| 142   | 1,320                      | 242                        | Utility issue fee (or reissue)   |          |  |   |                            |                 |     |    |     |                            |                 |                            |                 |                                      |     |     |     |                                     |     |     |     |  |  |    |     |  |                         |                           |  |     |       |     |  |  |     |     |     |  |  |     |       |     |   |  |     |     |     |   |  |     |     |     |  |  |     |     |     |   |  |     |       |     |  |  |     |       |     |   |  |     |     |     |                  |  |     |     |     |  |  |     |     |     |                          |  |     |     |     |  |  |     |       |     |  |  |     |       |     |                                |  |     |     |     |                  |  |     |     |     |                 |  |     |     |     |                               |  |     |    |     |   |  |     |     |     |  |  |     |    |     |  |  |     |     |     |   |  |     |     |     |  |  |                           |  |  |  |  |  |                 |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| 143   | 450                        | 243                        | Design issue fee   |          |  |   |                            |                 |     |    |     |                            |                 |                            |                 |                                      |     |     |     |                                     |     |     |     |  |  |    |     |  |                         |                           |  |     |       |     |  |  |     |     |     |  |  |     |       |     |   |  |     |     |     |   |  |     |     |     |  |  |     |     |     |   |  |     |       |     |  |  |     |       |     |   |  |     |     |     |                  |  |     |     |     |  |  |     |     |     |                          |  |     |     |     |  |  |     |       |     |  |  |     |       |     |                                |  |     |     |     |                  |  |     |     |     |                 |  |     |     |     |                               |  |     |    |     |   |  |     |     |     |  |  |     |    |     |  |  |     |     |     |   |  |     |     |     |  |  |                           |  |  |  |  |  |                 |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| 144   | 670                        | 244                        | Plant issue fee  |          |  |   |                            |                 |     |    |     |                            |                 |                            |                 |                                      |     |     |     |                                     |     |     |     |  |  |    |     |  |                         |                           |  |     |       |     |  |  |     |     |     |  |  |     |       |     |   |  |     |     |     |   |  |     |     |     |  |  |     |     |     |   |  |     |       |     |  |  |     |       |     |   |  |     |     |     |                  |  |     |     |     |  |  |     |     |     |                          |  |     |     |     |  |  |     |       |     |  |  |     |       |     |                                |  |     |     |     |                  |  |     |     |     |                 |  |     |     |     |                               |  |     |    |     |   |  |     |     |     |  |  |     |    |     |  |  |     |     |     |   |  |     |     |     |  |  |                           |  |  |  |  |  |                 |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| 122   | 130                        | 122                        | Petitions to the Commissioner  |          |  |   |                            |                 |     |    |     |                            |                 |                            |                 |                                      |     |     |     |                                     |     |     |     |  |  |    |     |  |                         |                           |  |     |       |     |  |  |     |     |     |  |  |     |       |     |   |  |     |     |     |   |  |     |     |     |  |  |     |     |     |   |  |     |       |     |  |  |     |       |     |   |  |     |     |     |                  |  |     |     |     |  |  |     |     |     |                          |  |     |     |     |  |  |     |       |     |  |  |     |       |     |                                |  |     |     |     |                  |  |     |     |     |                 |  |     |     |     |                               |  |     |    |     |   |  |     |     |     |  |  |     |    |     |  |  |     |     |     |   |  |     |     |     |  |  |                           |  |  |  |  |  |                 |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| 123   | 50                         | 123                        | Petitions related to provisional applications                              |          |  |   |                            |                 |     |    |     |                            |                 |                            |                 |                                      |     |     |     |                                     |     |     |     |  |  |    |     |  |                         |                           |  |     |       |     |  |  |     |     |     |  |  |     |       |     |   |  |     |     |     |   |  |     |     |     |  |  |     |     |     |   |  |     |       |     |  |  |     |       |     |   |  |     |     |     |                  |  |     |     |     |  |  |     |     |     |                          |  |     |     |     |  |  |     |       |     |  |  |     |       |     |                                |  |     |     |     |                  |  |     |     |     |                 |  |     |     |     |                               |  |     |    |     |   |  |     |     |     |  |  |     |    |     |  |  |     |     |     |   |  |     |     |     |  |  |                           |  |  |  |  |  |                 |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| 126   | 240                        | 126                        | Submission of Information Disclosure Statement                             |          |  |   |                            |                 |     |    |     |                            |                 |                            |                 |                                      |     |     |     |                                     |     |     |     |  |  |    |     |  |                         |                           |  |     |       |     |  |  |     |     |     |  |  |     |       |     |   |  |     |     |     |   |  |     |     |     |  |  |     |     |     |   |  |     |       |     |  |  |     |       |     |   |  |     |     |     |                  |  |     |     |     |  |  |     |     |     |                          |  |     |     |     |  |  |     |       |     |  |  |     |       |     |                                |  |     |     |     |                  |  |     |     |     |                 |  |     |     |     |                               |  |     |    |     |   |  |     |     |     |  |  |     |    |     |  |  |     |     |     |   |  |     |     |     |  |  |                           |  |  |  |  |  |                 |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| 581   | 40                         | 581                        | Recording each patent assignment per property (times number of properties) |          |  |   |                            |                 |     |    |     |                            |                 |                            |                 |                                      |     |     |     |                                     |     |     |     |  |  |    |     |  |                         |                           |  |     |       |     |  |  |     |     |     |  |  |     |       |     |   |  |     |     |     |   |  |     |     |     |  |  |     |     |     |   |  |     |       |     |  |  |     |       |     |   |  |     |     |     |                  |  |     |     |     |  |  |     |     |     |                          |  |     |     |     |  |  |     |       |     |  |  |     |       |     |                                |  |     |     |     |                  |  |     |     |     |                 |  |     |     |     |                               |  |     |    |     |   |  |     |     |     |  |  |     |    |     |  |  |     |     |     |   |  |     |     |     |  |  |                           |  |  |  |  |  |                 |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| 146   | 790                        | 246                        | Filing a submission after final rejection (37 CFR 1.129(a))                |          |  |   |                            |                 |     |    |     |                            |                 |                            |                 |                                      |     |     |     |                                     |     |     |     |  |  |    |     |  |                         |                           |  |     |       |     |  |  |     |     |     |  |  |     |       |     |   |  |     |     |     |   |  |     |     |     |  |  |     |     |     |   |  |     |       |     |  |  |     |       |     |   |  |     |     |     |                  |  |     |     |     |  |  |     |     |     |                          |  |     |     |     |  |  |     |       |     |  |  |     |       |     |                                |  |     |     |     |                  |  |     |     |     |                 |  |     |     |     |                               |  |     |    |     |   |  |     |     |     |  |  |     |    |     |  |  |     |     |     |   |  |     |     |     |  |  |                           |  |  |  |  |  |                 |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| 149   | 790                        | 249                        | For each additional invention to be examined (37 CFR 1.129(b))             |          |  |   |                            |                 |     |    |     |                            |                 |                            |                 |                                      |     |     |     |                                     |     |     |     |  |  |    |     |  |                         |                           |  |     |       |     |  |  |     |     |     |  |  |     |       |     |   |  |     |     |     |   |  |     |     |     |  |  |     |     |     |   |  |     |       |     |  |  |     |       |     |   |  |     |     |     |                  |  |     |     |     |  |  |     |     |     |                          |  |     |     |     |  |  |     |       |     |  |  |     |       |     |                                |  |     |     |     |                  |  |     |     |     |                 |  |     |     |     |                               |  |     |    |     |   |  |     |     |     |  |  |     |    |     |  |  |     |     |     |   |  |     |     |     |  |  |                           |  |  |  |  |  |                 |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| Other fee (specify) _____   |                            |                            |  |          |  | SUBTOTAL (3) 65   |                            |                 |     |    |     |                            |                 |                            |                 |                                      |     |     |     |                                     |     |     |     |  |  |    |     |  |                         |                           |  |     |       |     |  |  |     |     |     |  |  |     |       |     |   |  |     |     |     |   |  |     |     |     |  |  |     |     |     |   |  |     |       |     |  |  |     |       |     |   |  |     |     |     |                  |  |     |     |     |  |  |     |     |     |                          |  |     |     |     |  |  |     |       |     |  |  |     |       |     |                                |  |     |     |     |                  |  |     |     |     |                 |  |     |     |     |                               |  |     |    |     |   |  |     |     |     |  |  |     |    |     |  |  |     |     |     |   |  |     |     |     |  |  |                           |  |  |  |  |  |                 |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| Reduced by Basic Filing Fee Paid  |                            |                            |  |          |  |   |                            |                 |     |    |     |                            |                 |                            |                 |                                      |     |     |     |                                     |     |     |     |  |  |    |     |  |                         |                           |  |     |       |     |  |  |     |     |     |  |  |     |       |     |   |  |     |     |     |   |  |     |     |     |  |  |     |     |     |   |  |     |       |     |  |  |     |       |     |   |  |     |     |     |                  |  |     |     |     |  |  |     |     |     |                          |  |     |     |     |  |  |     |       |     |  |  |     |       |     |                                |  |     |     |     |                  |  |     |     |     |                 |  |     |     |     |                               |  |     |    |     |   |  |     |     |     |  |  |     |    |     |  |  |     |     |     |   |  |     |     |     |  |  |                           |  |  |  |  |  |                 |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| <p>SUBTOTAL (1) \$0.00</p> <p>2. CLAIMS<br/>           No. Filed      No. Extra      Fee      Total<br/>           Total Claims [33] - 20 = [13] X [ ] = [ ]<br/>           Independent [3] - 3 = [ ] X [ ] = [ ]<br/>           Claims<br/>           Multiple Dependent Claims [ ] [ ] X [ ] = [ ]</p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>22</td> <td>203</td> <td>11 Claims in excess of 20</td> </tr> <tr> <td>102</td> <td>82</td> <td>202</td> <td>41 Independent claims in excess of 3</td> </tr> <tr> <td>104</td> <td>270</td> <td>204</td> <td>135 Multiple dependent claim</td> </tr> <tr> <td>109</td> <td>82</td> <td>209</td> <td>41 Reissue independent claims over original patent</td> </tr> <tr> <td>110</td> <td>22</td> <td>210</td> <td>11 Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="3">SUBTOTAL (2) [ \$0.00 ]</td> </tr> </tbody> </table> |                            |                            |  |          |  | Large Entity Fee Code (\$)  | Small Entity Fee Code (\$) | Fee Description | 103 | 22 | 203 | 11 Claims in excess of 20  | 102             | 82                         | 202             | 41 Independent claims in excess of 3 | 104 | 270 | 204 | 135 Multiple dependent claim        | 109 | 82  | 209 | 41 Reissue independent claims over original patent | 110  | 22 | 210 | 11 Reissue claims in excess of 20 and over original patent | SUBTOTAL (2) [ \$0.00 ] |                           |  |     |       |     |  |  |     |     |     |  |  |     |       |     |   |  |     |     |     |   |  |     |     |     |  |  |     |     |     |   |  |     |       |     |  |  |     |       |     |   |  |     |     |     |                  |  |     |     |     |  |  |     |     |     |                          |  |     |     |     |  |  |     |       |     |  |  |     |       |     |                                |  |     |     |     |                  |  |     |     |     |                 |  |     |     |     |                               |  |     |    |     |   |  |     |     |     |  |  |     |    |     |  |  |     |     |     |   |  |     |     |     |  |  |                           |  |  |  |  |  |                 |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| Large Entity Fee Code (\$)  | Small Entity Fee Code (\$) | Fee Description            |  |          |  |   |                            |                 |     |    |     |                            |                 |                            |                 |                                      |     |     |     |                                     |     |     |     |  |  |    |     |  |                         |                           |  |     |       |     |  |  |     |     |     |  |  |     |       |     |   |  |     |     |     |   |  |     |     |     |  |  |     |     |     |   |  |     |       |     |  |  |     |       |     |   |  |     |     |     |                  |  |     |     |     |  |  |     |     |     |                          |  |     |     |     |  |  |     |       |     |  |  |     |       |     |                                |  |     |     |     |                  |  |     |     |     |                 |  |     |     |     |                               |  |     |    |     |   |  |     |     |     |  |  |     |    |     |  |  |     |     |     |   |  |     |     |     |  |  |                           |  |  |  |  |  |                 |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| 103   | 22                         | 203                        | 11 Claims in excess of 20  |          |  |   |                            |                 |     |    |     |                            |                 |                            |                 |                                      |     |     |     |                                     |     |     |     |  |  |    |     |  |                         |                           |  |     |       |     |  |  |     |     |     |  |  |     |       |     |   |  |     |     |     |   |  |     |     |     |  |  |     |     |     |   |  |     |       |     |  |  |     |       |     |   |  |     |     |     |                  |  |     |     |     |  |  |     |     |     |                          |  |     |     |     |  |  |     |       |     |  |  |     |       |     |                                |  |     |     |     |                  |  |     |     |     |                 |  |     |     |     |                               |  |     |    |     |   |  |     |     |     |  |  |     |    |     |  |  |     |     |     |   |  |     |     |     |  |  |                           |  |  |  |  |  |                 |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| 102   | 82                         | 202                        | 41 Independent claims in excess of 3                                       |          |  |   |                            |                 |     |    |     |                            |                 |                            |                 |                                      |     |     |     |                                     |     |     |     |  |  |    |     |  |                         |                           |  |     |       |     |  |  |     |     |     |  |  |     |       |     |   |  |     |     |     |   |  |     |     |     |  |  |     |     |     |   |  |     |       |     |  |  |     |       |     |   |  |     |     |     |                  |  |     |     |     |  |  |     |     |     |                          |  |     |     |     |  |  |     |       |     |  |  |     |       |     |                                |  |     |     |     |                  |  |     |     |     |                 |  |     |     |     |                               |  |     |    |     |   |  |     |     |     |  |  |     |    |     |  |  |     |     |     |   |  |     |     |     |  |  |                           |  |  |  |  |  |                 |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| 104   | 270                        | 204                        | 135 Multiple dependent claim   |          |  |   |                            |                 |     |    |     |                            |                 |                            |                 |                                      |     |     |     |                                     |     |     |     |  |  |    |     |  |                         |                           |  |     |       |     |  |  |     |     |     |  |  |     |       |     |   |  |     |     |     |   |  |     |     |     |  |  |     |     |     |   |  |     |       |     |  |  |     |       |     |   |  |     |     |     |                  |  |     |     |     |  |  |     |     |     |                          |  |     |     |     |  |  |     |       |     |  |  |     |       |     |                                |  |     |     |     |                  |  |     |     |     |                 |  |     |     |     |                               |  |     |    |     |   |  |     |     |     |  |  |     |    |     |  |  |     |     |     |   |  |     |     |     |  |  |                           |  |  |  |  |  |                 |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| 109   | 82                         | 209                        | 41 Reissue independent claims over original patent                         |          |  |   |                            |                 |     |    |     |                            |                 |                            |                 |                                      |     |     |     |                                     |     |     |     |  |  |    |     |  |                         |                           |  |     |       |     |  |  |     |     |     |  |  |     |       |     |   |  |     |     |     |   |  |     |     |     |  |  |     |     |     |   |  |     |       |     |  |  |     |       |     |   |  |     |     |     |                  |  |     |     |     |  |  |     |     |     |                          |  |     |     |     |  |  |     |       |     |  |  |     |       |     |                                |  |     |     |     |                  |  |     |     |     |                 |  |     |     |     |                               |  |     |    |     |   |  |     |     |     |  |  |     |    |     |  |  |     |     |     |   |  |     |     |     |  |  |                           |  |  |  |  |  |                 |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| 110   | 22                         | 210                        | 11 Reissue claims in excess of 20 and over original patent                 |          |  |   |                            |                 |     |    |     |                            |                 |                            |                 |                                      |     |     |     |                                     |     |     |     |  |  |    |     |  |                         |                           |  |     |       |     |  |  |     |     |     |  |  |     |       |     |   |  |     |     |     |   |  |     |     |     |  |  |     |     |     |   |  |     |       |     |  |  |     |       |     |   |  |     |     |     |                  |  |     |     |     |  |  |     |     |     |                          |  |     |     |     |  |  |     |       |     |  |  |     |       |     |                                |  |     |     |     |                  |  |     |     |     |                 |  |     |     |     |                               |  |     |    |     |   |  |     |     |     |  |  |     |    |     |  |  |     |     |     |   |  |     |     |     |  |  |                           |  |  |  |  |  |                 |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |
| SUBTOTAL (2) [ \$0.00 ]   |                            |                            |  |          |  |   |                            |                 |     |    |     |                            |                 |                            |                 |                                      |     |     |     |                                     |     |     |     |  |  |    |     |  |                         |                           |  |     |       |     |  |  |     |     |     |  |  |     |       |     |   |  |     |     |     |   |  |     |     |     |  |  |     |     |     |   |  |     |       |     |  |  |     |       |     |   |  |     |     |     |                  |  |     |     |     |  |  |     |     |     |                          |  |     |     |     |  |  |     |       |     |  |  |     |       |     |                                |  |     |     |     |                  |  |     |     |     |                 |  |     |     |     |                               |  |     |    |     |   |  |     |     |     |  |  |     |    |     |  |  |     |     |     |   |  |     |     |     |  |  |                           |  |  |  |  |  |                 |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |  |  |

**FEE TRANSMITTAL****PAGE 2**

| Complete If Known    |                     |
|----------------------|---------------------|
| Application Number   | 09/656,084          |
| Filing Date          | September 6, 2000   |
| First Named Inventor | Barry N. Kreiswirth |
| Group Art Unit       | 1643                |
| Examiner Name        |                     |

| SUBMITTED BY          |   | Complete (if applicable) |            |                                    |
|-----------------------|---|--------------------------|------------|------------------------------------|
| Typed or Printed Name | Edward J. Nadich  | Registration Number      | 43,826     |                                    |
| Signature             |  | Date                     | 12/26/2000 | Deposit Account User ID<br>19-5127 |

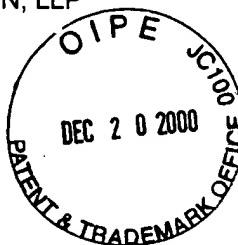


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COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
[www.uspto.gov](http://www.uspto.gov)

| APPLICATION NUMBER | FILING/RECEIPT DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NUMBER |
|--------------------|---------------------|-----------------------|------------------------|
| 09/656,084         | 09/06/2000          | Barry N. Kreiswirth   | 19124.0002             |

23517  
SWIDLER BERLIN SHEREFF FRIEDMAN, LLP  
3000 K STREET, NW  
BOX IP  
WASHINGTON, DC 20007



**FORMALITIES LETTER**



\*OC00000005492409\*

Date Mailed: 10/20/2000

**NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION**

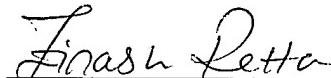
**FILED UNDER 37 CFR 1.53(b)**

***Filing Date Granted***

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given TWO MONTHS from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is missing.  
*A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.*
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
  
- The balance due by applicant is \$ 130.

*A copy of this notice **MUST** be returned with the reply.*

  
Customer Service Center

Initial Patent Examination Division (703) 308-1202

**PART 2 - COPY TO BE RETURNED WITH RESPONSE**

12/21/2000 SDUONG 00000051 195127 09656084

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

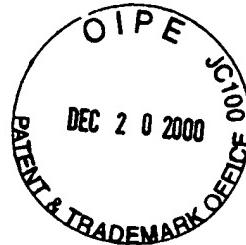
In re Application of:

Barry Kreiswirth : Attorney Docket 19124.0002

Application No. 09/656,084 :

Filed: September 6, 2000 :

For: SYSTEM AND METHOD FOR  
TRACKING AND CONTROLLING  
INFECTIONS :



**RESPONSE TO "NOTICE TO FILE MISSING PARTS"**

Commissioner for Patents  
Washington, D.C. 20231

Sir:

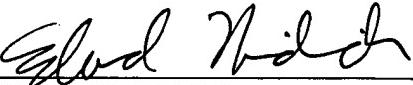
In response to the **NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION** dated October 20, 2000, Applicant submits herewith the following documents for appropriate action by the U.S. Patent and Trademark Office:

1. Copy of the Notice to File Missing Parts;
2. Executed Declaration and Power of Attorney;
3. Fee Transmittal;
4. Transmittal Form;

The Commissioner is hereby authorized to charge \$65.00 (surcharge – late declaration filing fee) or credit any overpayment to Deposit Account No. 19-5127 referencing 19124.0002.

Respectfully submitted,

Swidler Berlin Shereff Friedman, LLP



Dated: December 20, 2000

By: Edward J. Naidich  
Registration No. 43,826

SWIDLER BERLIN SHEREFF FRIEDMAN, LLP  
3000 K Street, N.W., Suite 300  
Washington, D.C. 20007  
(202) 424-7500

PTO/SB/10 (1-99)

Approved for use through 09/30/2000, OMB 0651-0031

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**STATEMENT CLAIMING SMALL ENTITY STATUS  
(37 CFR 1.9(f) & 1.27(c))--SMALL BUSINESS CONCERN**Docket Number (Optional)  
19124.0002Applicant, Patentee, or Identifier: Barry N. Kreiswirth et al.Application or Patent No.: 09/656,084

Filed or Issued: September 6, 2000

Title: SYSTEM AND METHOD FOR TRACKING AND CONTROLLING INFECTIONS

I hereby state that I am

- the owner of the small business concern identified below;  
 an official of the small business concern empowered to act on behalf of the concern identified below;

NAME OF SMALL BUSINESS CONCERN eGenomics, Inc.ADDRESS OF SMALL BUSINESS CONCERN 59 Franklin Street, Fifth Floor, New York, New York 10013

I hereby state that the above identified small business concern qualifies as a small business concern as defined in 13 CFR Part 121 for purposes of paying reduced fees to the United States Patent and Trademark Office. Questions related to size standards for a small business concern may be directed to: Small Business Administration, Size Standards Staff, 409 Third Street, SW, Washington, DC 20416.

I hereby state that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention described in:

- the specification filed herewith with title as listed above.  
 the application identified above.  
 the patent identified above.

If the rights held by the above identified small business concern are not exclusive, each individual, concern, or organization having rights in the invention must file separate statements as to their status as small entities, and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern, or organization having any rights in the invention is listed below:

- no such person, concern, or organization exists.  
 each such person, concern, or organization is listed below.

Separate statements are required from each named person, concern or organization having rights to the invention stating their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

NAME OF PERSON SIGNING STEVEN NAIDICH

TITLE OF PERSON IF OTHER THAN OWNER

ADDRESS OF PERSON SIGNING 59 FRANKLIN ST, #5R, NEW YORK NY 10013SIGNATURE SN

DATE

12-19-00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Attorney Docket 19124.0002

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

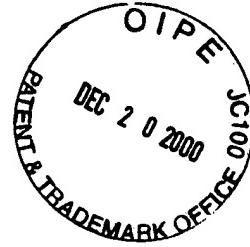
In Re Application of

Barry N. Kreiswirth, et al. : Group Art Unit: 1643

Application No. 09/656,084 :

Filed: September 6, 2000 :

Titled: SYSTEM AND METHOD FOR TRACKING AND CONTROLLING  
INFECTIONS



REQUEST FOR REFUND

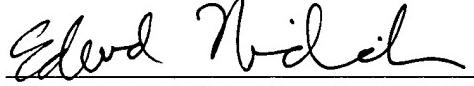
Commissioner for Patents  
Washington, D.C. 20231

Sir:

Applicant hereby requests a refund in the amount of **\$345.00**, to be credited to Deposit Account 19-5127 referencing Order No. 19124.0002, for one-half of the **filing fee** paid on September 6, 2000, and a refund in the amount of **\$117.00**, to be credited to Deposit Account 19-5127 referencing Order No. 19124.0002, for one-half of the **additional claims paid** September 6, 2000. An executed Statement Claiming Small Entity Status-Small Business Concern is attached hereto. A duplicate of this authorization is attached for the Finance Branch.

Respectfully submitted,

Date: 12/20/2000

  
Edward J. Naidich, Reg. No. 43,826  
Attorney for Applicant

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